

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10753718**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT									
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP	IND	DEP	
1	1						51		1					
2	1						52		1					
3		2					53		1					
4		2					54		1					
5		2					55		1					
6		2					56		1					
7		2					57		1					
8		2					58		1					
9		2					59		1					
10		2					60		1					
11		2					61		1					
12		2					62		1					
13		2					63		1					
14		2					64		1					
15	1						65		1					
16							66		1					
17							67		1					
18		0					68		1					
19							69		1					
20							70		1					
21							71	1						
22							72	1						
23							73		2					
24							74		2					
25							75		2					
26							76		2					
27							77		2					
28							78		2					
29							79		2					
30							80		2					
31							81		2					
32							82		2					
33							83		2					
34							84		2					
35							85		2					
36							86		2					
37	1						87		1					
38	1						88		1					
39		2					89		1					
40		2					90		1					
41		2					91		1					
42		2					92		1					
43		2					93		1					
44		2					94		1					
45		2					95		1					
46		2					96		1					
47		2					97		1					
48		2					98		1					
49		1					99		1					
50							100		1					
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							